

Form ntcdaст

United States Bankruptcy Court

District of South Dakota

Case Number: 09-40334
Chapter: 7

In re:

Michael Steven Hendrickson
SSN/ITIN xxx-xx-2720

NOTICE OF NEED TO FILE PROOF OF CLAIM DUE TO RECOVERY OF ASSETS

NOTICE IS GIVEN THAT:

The initial notice in this case instructed creditors it was not necessary to file a proof of claim. Since that notice was sent, assets have been recovered by the trustee.

Creditors who wish to share in any distribution of funds must file a proof of claim with the Clerk of the Bankruptcy Court. To be considered timely, a proof of claim must be **received** by the Clerk at the address below on or before **August 2, 2010**.

Bankruptcy Clerk's Office
400 S. Phillips Ave., Room 104
Sioux Falls, SD 57104-6851

Creditors who file proofs of claim after this date may not share in any distribution of funds, unless all creditors who timely file proofs of claim are first paid in full.

The proof of claim form is enclosed.

Creditors who are not represented by an attorney may file proofs of claim by regular mail. Attorneys must file proofs of claim electronically.

If you wish to receive verification of its receipt by the Clerk of the Bankruptcy Court, enclose the signed original and a photocopy of the proof of claim along with a stamped, self-addressed envelope.

There is no fee for filing a proof of claim.

A creditor who has already filed a proof of claim need not file another one.

Dated: 4/29/10

Frederick M. Entwistle
Clerk, U.S. Bankruptcy Court

s/Deputy Clerk

UNITED STATES BANKRUPTCY COURT District of South Dakota		PROOF OF CLAIM (Revised 04/10)																		
Debtor's name: Michael Steven Hendrickson	Case number: 09-40334 Chapter: 7	Please see the Instructions that accompany this form for definitions and guidance on completing a proof of claim.																		
Creditor's name:	Last four digits of any number by which creditor identifies debtor:	This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.																		
Send notices to (name and address):	<input type="checkbox"/> Check this box if you are aware that someone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	<input type="checkbox"/> Check this box if this claim is intended to amend a previously filed claim. Date of previously filed claim:																		
Phone number: ()																				
<p>1. Basis for claim (check all that apply and use "Other" to describe any claim not fitting within one of the listed categories):</p> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Wages, salaries, or compensation, for services performed (insert dates):</td> <td><input type="checkbox"/> Other (describe):</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td>From: _____ To: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Money loaned</td> <td colspan="2">Last four digits of your SS #: _____</td> </tr> <tr> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Taxes</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Retiree benefits (per 11 U.S.C. § 1114(a))</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Wages, salaries, or compensation, for services performed (insert dates):	<input type="checkbox"/> Other (describe):	<input type="checkbox"/> Services performed	From: _____ To: _____		<input type="checkbox"/> Money loaned	Last four digits of your SS #: _____		<input type="checkbox"/> Personal injury/wrongful death			<input type="checkbox"/> Taxes			<input type="checkbox"/> Retiree benefits (per 11 U.S.C. § 1114(a))		
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<input type="checkbox"/> Taxes																				
<input type="checkbox"/> Retiree benefits (per 11 U.S.C. § 1114(a))																				
2. Date(s) debt incurred:		3. Date(s) of any judgment:																		
<p>4. CLASSIFICATION OF CLAIM. Check the appropriate box(es) that best describes your claim. See reverse side for important explanations.</p> <p>UNSECURED NONPRIORITY CLAIM <input type="checkbox"/> Check this box if: (a) there is no lien on property securing your claim; (b) your claim exceeds the value of the property securing it; (c) none or only part of your claim is entitled to priority. State the amount of any unsecured nonpriority claim in the space provided for "Unsecured" claims in section 5 below.</p> <p>SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by a lien on property (including a right of setoff). State the amount of any secured claim in the space provided for "Secured" claims in section 5 below.</p> <p>Check the appropriate box(es) if your claim is secured by:</p> <table> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (B).</td> </tr> <tr> <td><input type="checkbox"/> Motor vehicle(s)</td> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</td> </tr> <tr> <td><input type="checkbox"/> Other property (describe):</td> <td><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</td> </tr> </table> <p>Value of property: \$ _____ Annual interest rate _____ % <input type="checkbox"/> Deposits (up to \$2,600*) toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p>Arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____ <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - 11 U.S.C. § 507(a)(_____) (specify paragraph)</p> <p>* Amounts are subject to adjustment on 4/1/2013 and every three years thereafter with respect to cases filed on or after the date of the adjustment.</p>			<input type="checkbox"/> Real estate	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (B).	<input type="checkbox"/> Motor vehicle(s)	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<input type="checkbox"/> Other property (describe):	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).												
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<p>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ _____ + \$ _____ + \$ _____ = \$ _____</p> <p>a. Unsecured b. Secured c. Priority TOTAL (a+b+c)</p> <p>6. CREDITS: All payments on this claim have been credited for the purpose of making this claim.</p> <p>7. DOCUMENTS: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. Also attach redacted copies of documents providing evidence of the perfection of a security interest. You may also attach summaries. See definition of "redacted" on reverse side.</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain:</p> <p>8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.</p>																				
Date: _____	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach a copy of power of attorney, if any.																			
THIS SPACE IS FOR COURT USE ONLY																				

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. If you have questions regarding these instructions and definitions, please consult an attorney. Neither the Clerk's office nor the trustee (if one has been appointed) is permitted to give legal advice.

Items to be completed on Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, District of South Dakota), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Information about Creditor:

Fill in the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the last four digits of any number used by the creditor to identify the debtor. If anyone else has already filed a proof of claim relating to this debt, if you are the debtor or the trustee, or if this proof of claim amends a proof of claim that was previously filed, check the appropriate box on the form. A proof of claim amends another proof of claim if it is intended to correct or change a proof of claim you filed previously.

The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (Fed.R.Bankr.P.) 2002(g).

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

2. Date(s) Debt Incurred:

Fill in the date(s) when the debt first was owed by the debtor.

3. Date(s) of any Judgment:

If you have a court judgment for this debt, state the date(s) the court entered the judgment.

4. Classification of Claim
Unsecured Nonpriority Claim:

Check the appropriate box if you have an unsecured nonpriority claim, sometimes referred to as a general "unsecured claim." (See DEFINITIONS, below.)

State the amount of any unsecured nonpriority claim in the space provided for "Unsecured" claims in section 5 of the form. If your claim is partly secured and partly unsecured (see "Secured Claim" below), or partly priority and partly nonpriority (see "Unsecured Priority Claim" below), state **only** the amount of your claim that is **not** secured and **not** entitled to priority in the space provided for "Unsecured" claims in section 5.

Secured Claim:

Check the appropriate box if you have a secured claim. (See DEFINITIONS, below.) Check the appropriate box(es) to indicate the type(s) of property securing your claim. State the value of the property securing your claim, the annual interest rate, the amount of any arrearage (amount past due) and other charges as of the date the bankruptcy case was filed.

State the amount of any secured claim in the space provided for "Secured" claims in section 5 of the form. If your claim is partly secured and partly unsecured (which it will be if it is for more than the value of the property securing your claim), state **only** the amount of your claim that is secured (the value of the property) in the space provided for "Secured" claims in section 5.

Unsecured Priority Claim:

Check the appropriate box if you have an unsecured priority claim. (See DEFINITIONS, below.) Check the appropriate box(es) to indicate the paragraph of 11 U.S.C. § 507(a) under which you claim a priority.

State the amount of any unsecured priority claim in the space provided for "Priority" claims in section 5 of the form. If your claim is partly priority and partly nonpriority (which it will be if it is for more than the amount given priority by law), state **only** the amount of your claim that is priority in the space provided for "Priority" claims in section 5.

5. Total Amount of Claim at Time Case Filed:

Fill in the amount of your unsecured claim (if any), the amount of your secured claim (if any), the amount of your priority claim (if any), and the total amount of your claim on the date the bankruptcy case was filed.

6. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

7. Documents:

Attach to this proof of claim redacted copies of documents that support the existence of the debt and any lien securing the debt. Also attach copies of documents that evidence the perfection of any security interest. You may also attach summaries. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. Fed.R.Bankr.P. 9011. If the claim is filed electronically, Fed.R.Bankr.P. 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Unsecured Priority Claim

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor should redact and use only the last four digits of any social security, individual's tax identification, or financial account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped, self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to Fed.R.Bankr.P. 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

CERTIFICATE OF NOTICE

District/off: 0869-4
Case: 09-40334

User: ckram
Form ID: ntcdaст

Page 1 of 1
Total Noticed: 12

Date Rcvd: Apr 29, 2010

The following entities were noticed by first class mail on May 01, 2010.
 db +Michael Steven Hendrickson, 512 N. Clark Ave., Dell Rapids, SD 57022-1626
 aty +Fite & Pierce Law Office, PO Box 524, Brookings, SD 57006-0524
 cr +Harley-Davidson Credit Corp., P. O. Box 829009, Dallas, Tx 75382-9009
 947241 Accounts Management Inc., P.O. Box 1843, Sioux Falls, SD 57101-1843
 929694 +Citifinancial, 3208 E. 10th St., Sioux Falls, SD 57103-2105
 929698 Ottetail Power Company, c/o United Accounts Inc., P.O. Box 518, Aberdeen, SD 57402-0518

The following entities were noticed by electronic transmission on Apr 29, 2010.
 929695 +EDI: RCSDELL.COM Apr 29 2010 17:18:00 Dell Financial Services, c/oCit Bank,
 12234 N IH 35 SB Bldg B, Austin, TX 78753-1705
 929696 +E-mail/Text: bankruptcy.notices@hdfs.com ESB/Harley Davidson Credit,
 P.O. Box 21829, Carson City, NV 89721-1829
 929697 +EDI: AMINFOFP.COM Apr 29 2010 17:18:00 First Premier Bank, P.O. Box 5114,
 Sioux Falls, SD 57117-5114
 929699 +E-mail/Text: MICKEY@SIOUXFALLSFBCU.ORG Sioux Falls Federal Credit Union,
 700 E. 14th St., Sioux Falls, SD 57104-5144
 929700 +EDI: WFFC.COM Apr 29 2010 17:18:00 Wells Fargo Bank, N.A., 4137 121st St.,
 Urbandale, IA 50323-2310
 929701 EDI: WFFC.COM Apr 29 2010 17:18:00 Wells Fargo Financial Cards, P.O. Box 5943,
 Sioux Falls, SD 57117-5943

TOTAL: 6

***** BYPASSED RECIPIENTS *****

NONE.

TOTAL: 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP.
 USPS regulations require that automation-compatible mail display the correct ZIP.

I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 9): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: May 01, 2010

Signature:

